Care of Ostomies

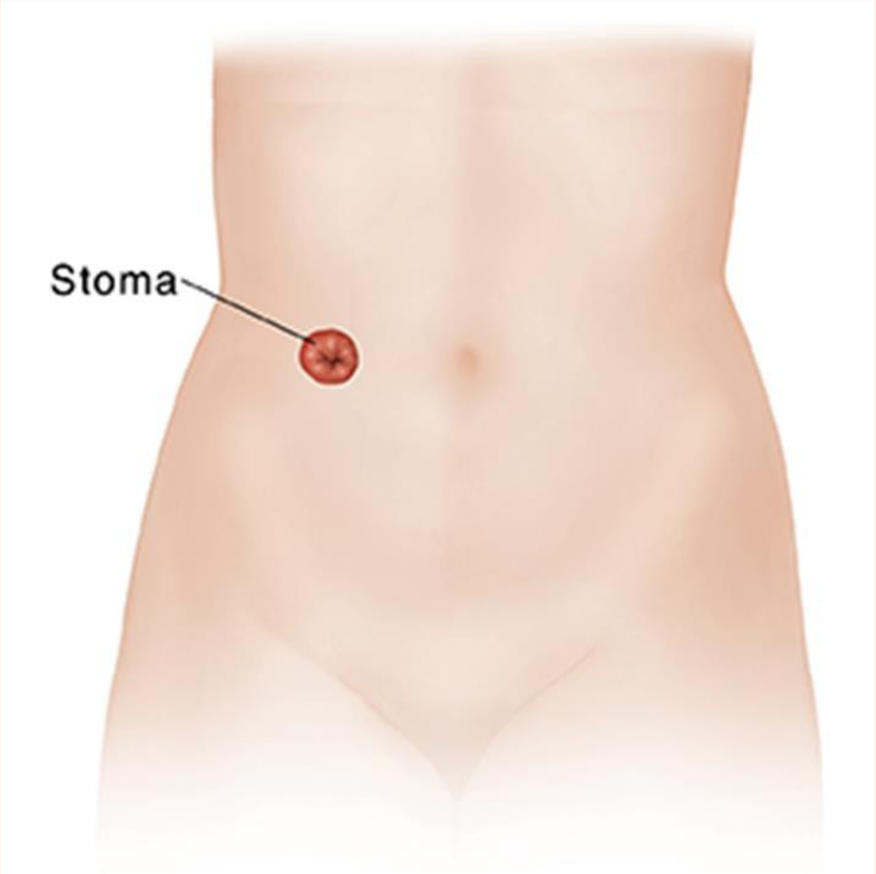
For MO

Mr. Jatin is a 35-year-old gentleman. He was diagnosed to have carcinoma colon 2 months ago. He underwent proctocolectomy and ileostomy followed by chemotherapy. He has now come to the OP accompanied by his wife with skin excoriation around the ostomy site. He looks tired, and agitated with poor skin turgor. His wife says after the surgery he is angry and upset.

1. What could have contributed to him developing skin excoriation?
2. Why is he angry and upset?

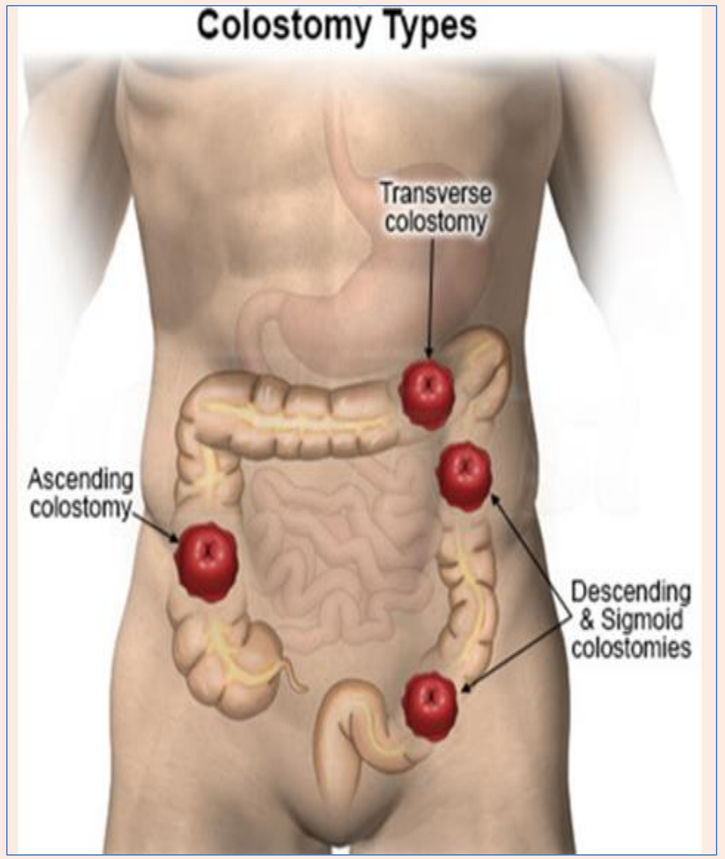
WHAT IS A ‘STOMA’?

‘Stoma’ – An opening that connect body cavity to the outside environment



BASED ON LOCATION

- Ileostomy
- Ascending colon colostomy
- Transverse colon colostomy
- Descending colon colostomy
- Sigmoid colon colostomy

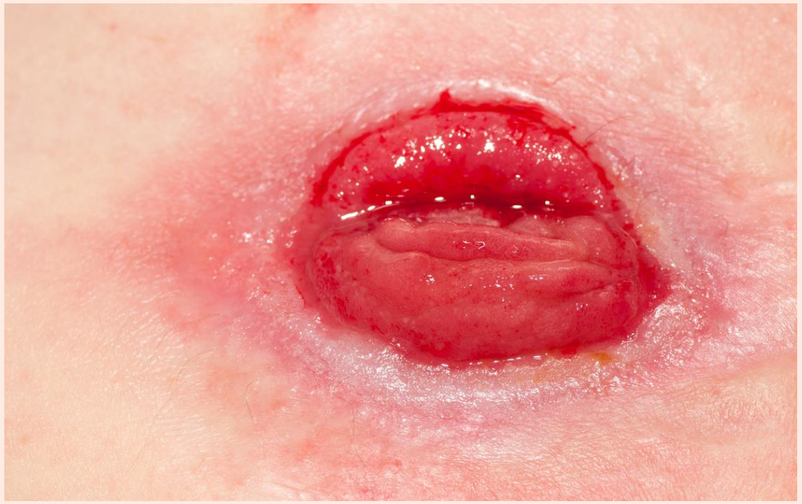


UNDERSTANDING THIS IS IMPORTANT-

- The nature of the output is different
- The problems are different
- The management is different

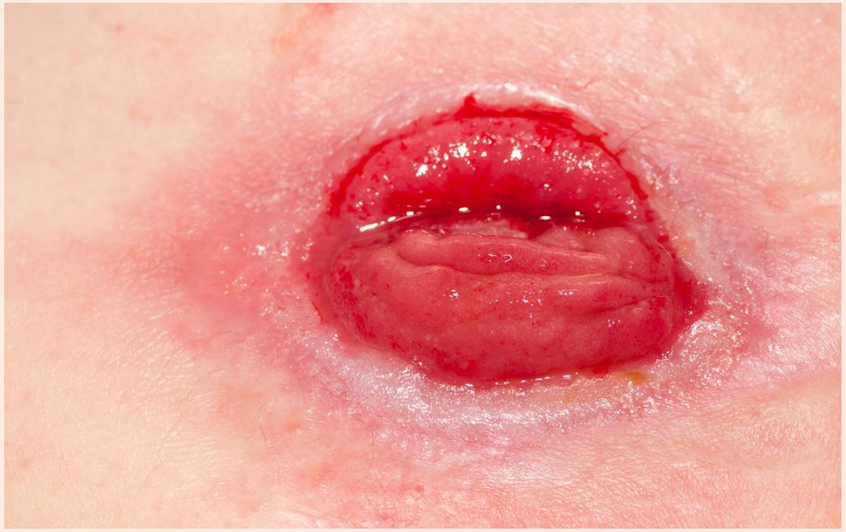
ILEOSTOMY

- Output of 500mL to 1300mL and this may be up to 1800mL
- They can also develop electrolyte imbalance as the sodium and potassium loss is more through ileostomy.
- Higher concentration of digestive enzymes, they can easily develop skin excoriations.
- The stool is liquid and the output is unpredictable so it is important that the patient always wears the pouch.



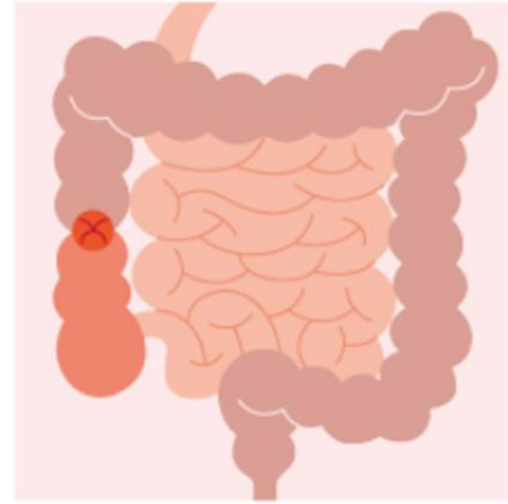
ILEOSTOMY

- Excessive water loss
- Risk of developing dehydration and renal stones.
- Thus, it is recommended that the patients with ileostomy should increase they water intake by 500 to 700mL.



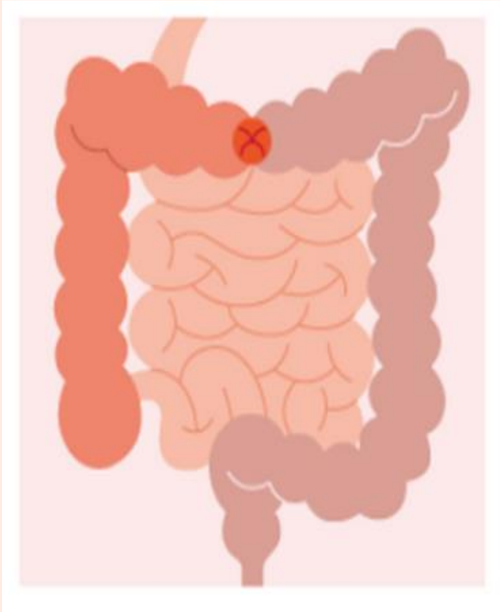
ASCENDING COLON

- Present on the right side of the abdomen.
- The output is acidic in nature with higher concentration of digestive enzymes.
- The stool is liquid in nature with unpredictable output hence it is recommended that the patients always wear the pouch.
- Water loss

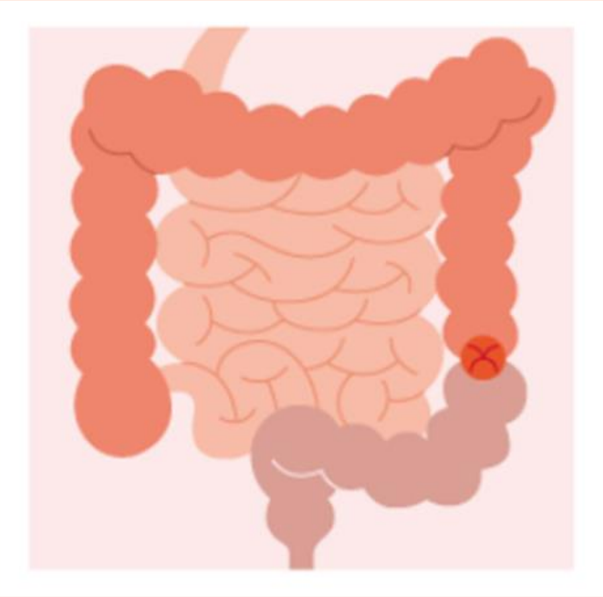


TRANSVERSE COLOSTOMY

- The stool in transverse colostomy is liquid to semi-formed.
- Since the output is unpredictable it is recommended that the patient always wears the pouch.
- Since transverse colostomy is performed in the upper abdomen concealing the stoma and the pouch can be challenging.
- The output of transverse colostomy has fewer digestive enzymes
- Skin excoriation may occur if there is leakage or if there is no skin protection.



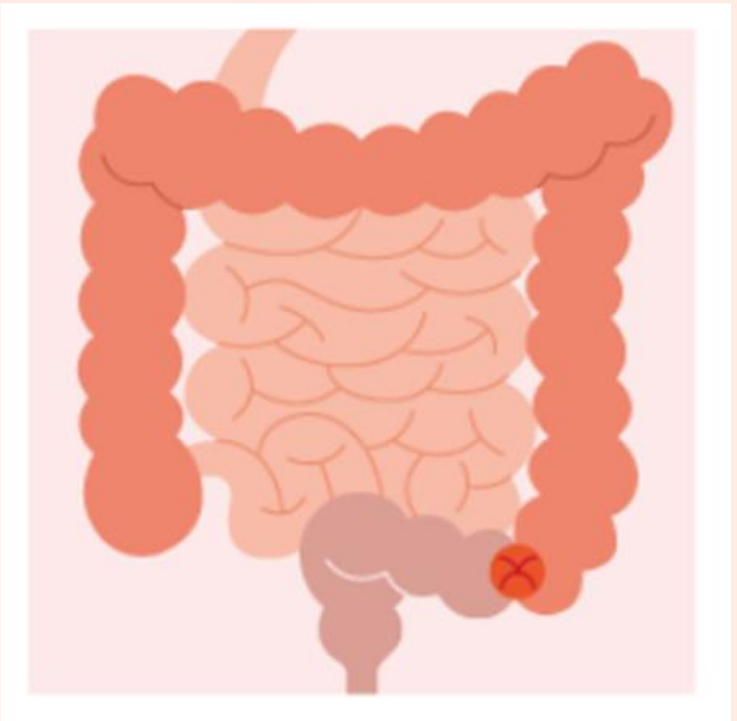
DESCENDING COLON COLOSTOMY



- The stoma is located in the lower left abdomen.
- The stool in descending colostomy is semi formed to completely formed.
- At this point water resorption is complete and there are no digestive enzymes present in the stool.
- The bowel movement in descending colon colostomy can be mostly predicted.
- Occasionally there may be spilling of stool in between evacuation hence it is safe to wear a pouch.
- Irrigation of stoma is possible with descending colon colostomy.

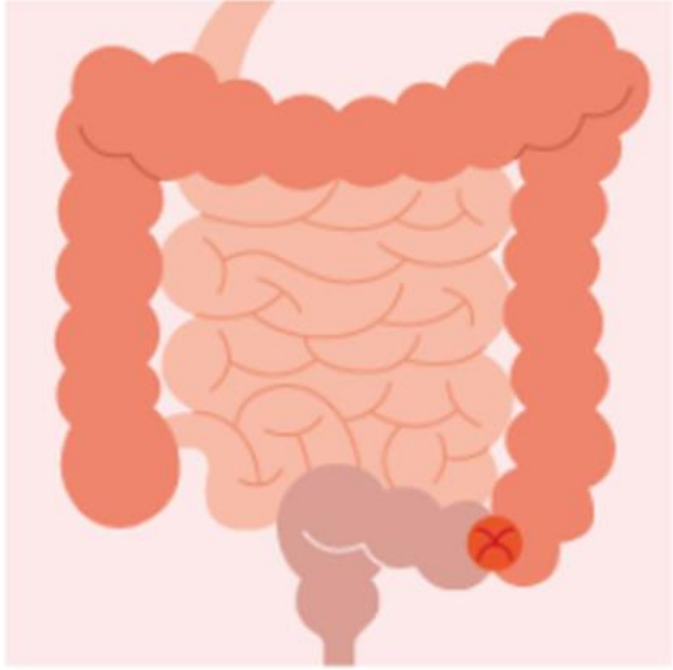
SIGMOID COLOSTOMY

- Patients with sigmoid colostomy have better quality of life compared to other ostomies.
- This is because the stool is fully formed and completely devoid of digestive enzymes.
- The bowel movement can be predicted.
- Colostomy irrigation is very much possible with sigmoid colostomy.



SIGMOID COLOSTOMY

- Some patients may prefer to evacuate without irrigation
- Once the colon is loaded with considerable amount of fecal matter above the stoma, reflex with naturally set in and the bowel movement will begin.
- A warm drink can help facilitate this
- Once the evacuation is complete these patients need to wear only a small protective pouch.

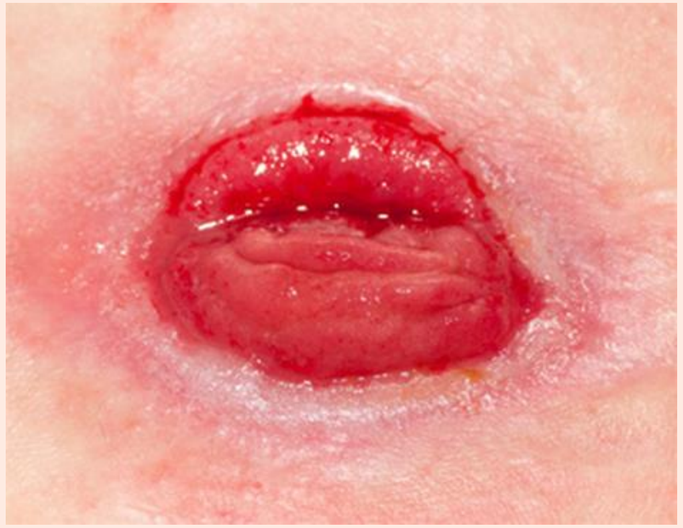


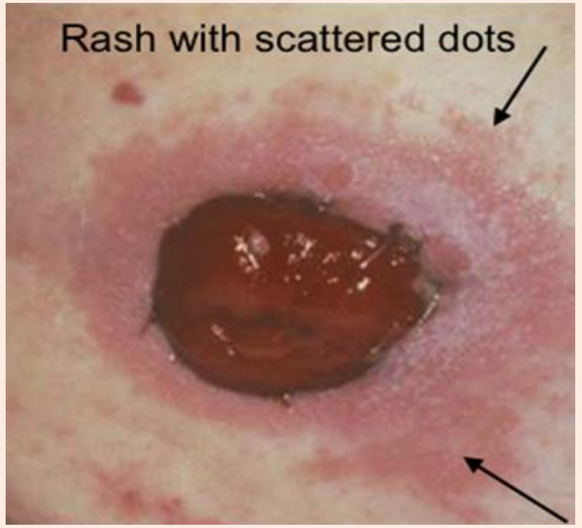
PROBLEMS FACED BY PATIENTS WITH A STOMA

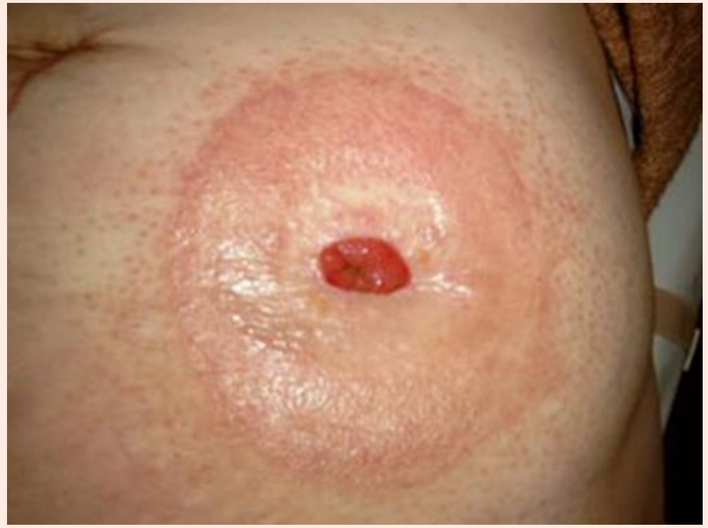
- Skin excoriation
- Stomal prolapse
- Stomal necrosis
- Stomal stenosis
- Bleeding
- Necrosis
- Constipation
- Diarrhoea

SKIN EXCORIATIONS

- Peristomal skin should have the texture of abdominal skin
- Always identify the cause
  - Chemical
  - Mechanical
  - Microbiological

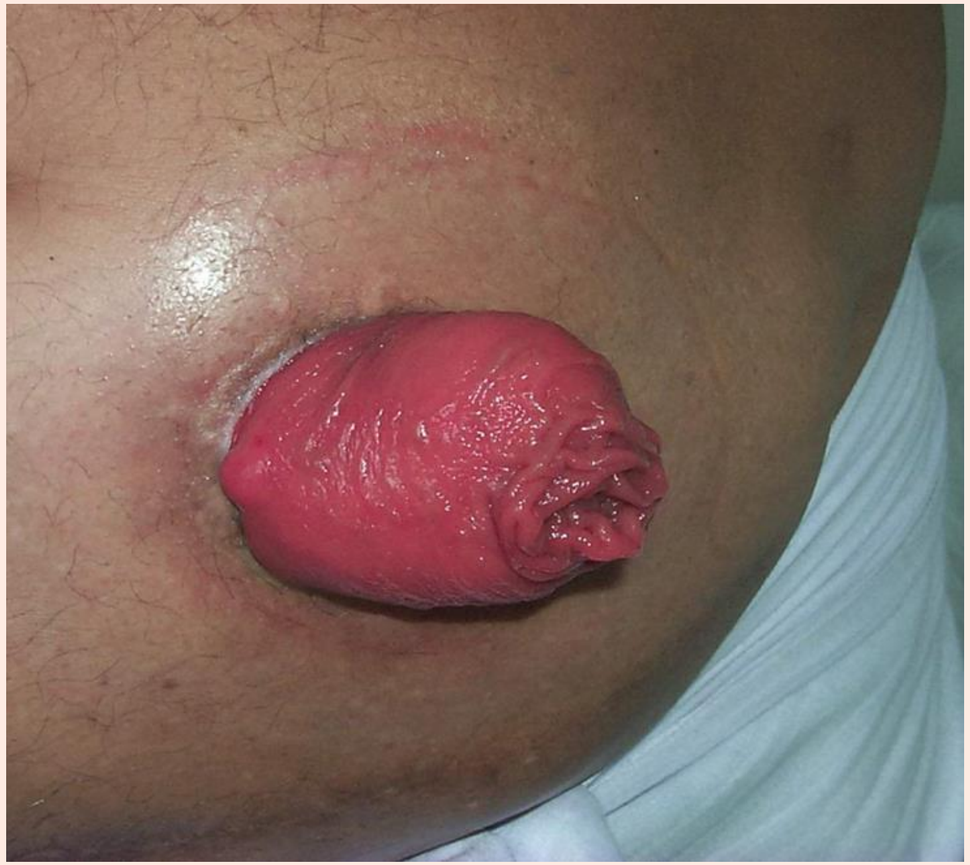






STOMA PROLAPSE

- Telescoping of bowel through stoma
- More than the normal length
- Uncomplicated prolapse without ischemia can be managed with manual reduction by a trained person.
- Oedema due to prolapse can result in poor perfusion and ischemia.
- A complicated prolapse will require surgical intervention.

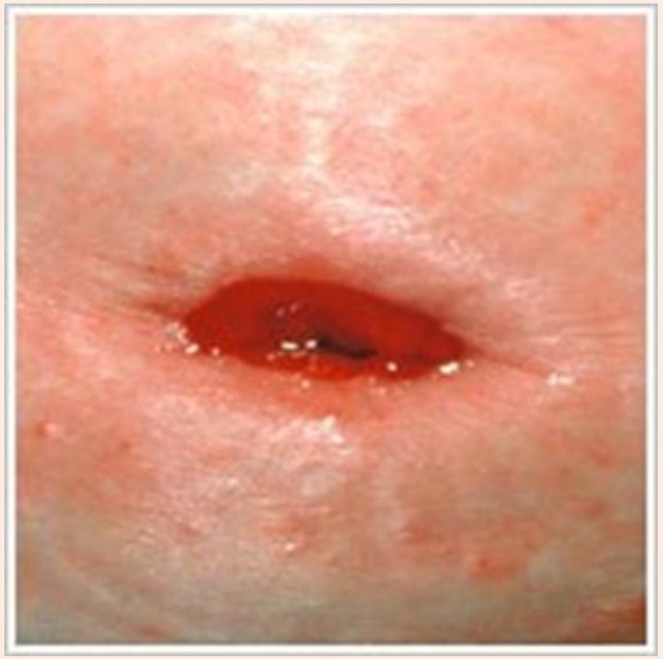


STOMAL RETRACTION

- Stomal retraction is defines as stoma that is 0.5cm or more below the surface of the skin.

- It can affect pouch adherence, cause leaking and lead to stenosis and obstruction.

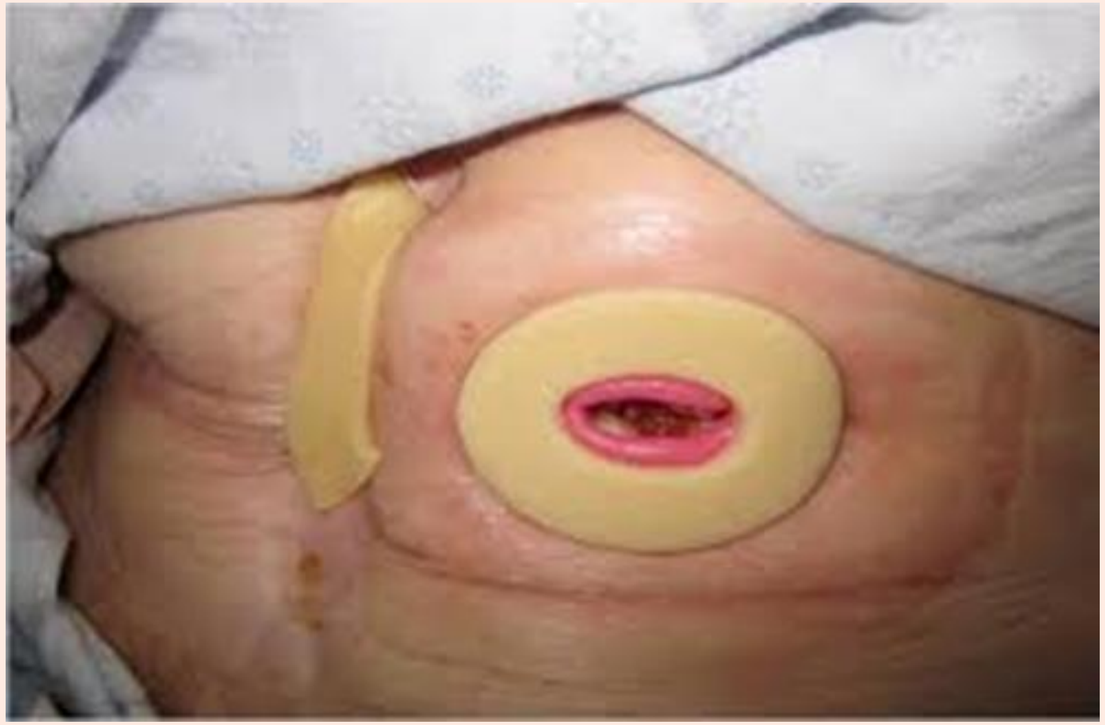
- At risk patients
  - Patients who are obese,
  - patients with thick abdominal wall and
  - initial stoma length less than 10 mm



STOMAL RETRACTION

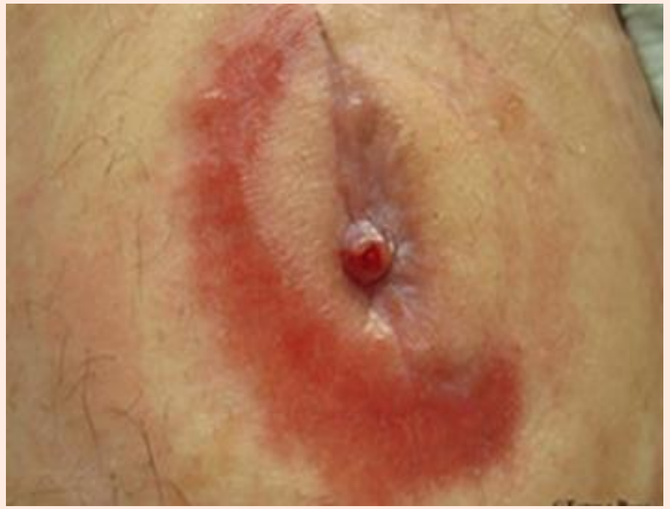
- Convex pouch system helps in managing stomal retraction.

- Ostomy belt or binder in combination with the convex pouching system can straighten the skin folds



STOMAL STENOSIS

- Stenosis is defined as narrowing of stoma.
- Narrowing of stoma can cause difficulties in expulsion of faecal matter.
- Stenosis can occur as a result of retraction and poor pouching system.



- Mild stenosis can be managed by avoiding insoluble dietary fibres that can create hard lumps and catheter dilation by an expert.
- Severe stenosis producing abdomina cramps and forceful expulsion of contents will require surgical correction.

CONSTIPATION

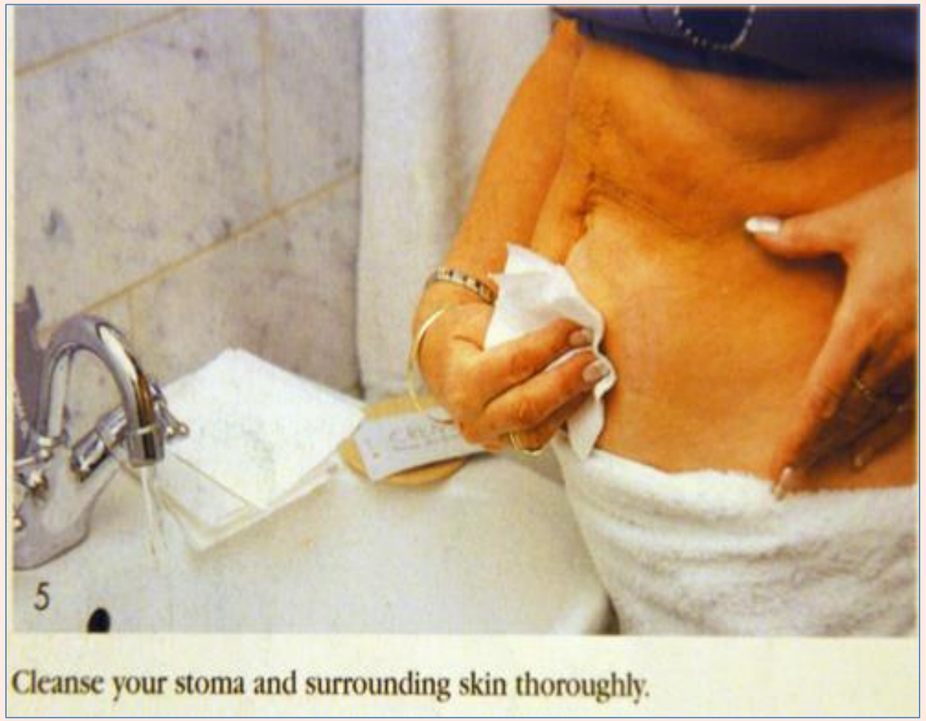
- Constipation in patients with ostomy is usually due to inadequate water intake.
- Consuming insoluble dietary fibers can cause temporary obstruction and cramps.
- Usually constipation can be managed by increasing fluid intake and soluble dietary fiber.
- An inactive stoma for 4 to 6 hours along with abdominal cramps will require medical attention.
- Some patients my require laxatives to manage constipation.

DIARRHOEA

- It is important to differentiate diarrhoea from loose stools that are normally seen in stomas that as more proximal.
- Diarrhoea could be due to various causes ranging from diet, stress and medications.
- Sometimes raw fruits, raw vegetables, fruit juices and milk can temporarily produce loose stools and they resolve on their own.
- Diarrhoea that is of infective origin will require medical management.
- Since patients with a stoma tend to lose more electrolytes hydration and replenishing electrolytes is crucial.

CHANGING THE POUCH AND SKIN BARRIER

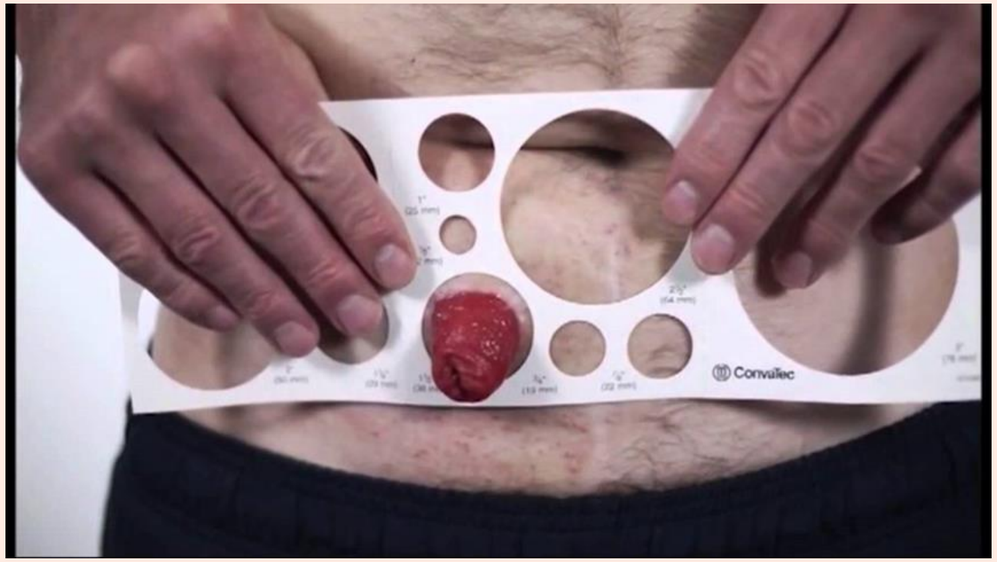
- It is very crucial to avoid mechanical injuries
- The safe way to remove the skin barrier is to push the skin gently around the stoma while lifting the skin barrier off.
- Once the barrier is removed, clean the area with warm water and pat dry the area.



Cleanse your stoma and surrounding skin thoroughly.

CHANGING THE POUCH AND SKIN BARRIER

- While applying the skin barrier the circumference of the stoma should be correctly measured and the pouch opening should be cut accordingly.
- The opening should only be 1/8th of an inch larger than the stoma
- This reduces skin exposure.



CARE OF BAG

- Empty the bag when it is 1/3rd full
- Measure the size of stoma before applying the bag
- Not to tightly encircle the stoma
- Skin barrier
- Disposable bags to be changed every 2 to 3 days
- Base plate to be changed every 2 to 3 days

COLOSTOMY DIET

- There are no absolute dietary restriction for patients with colostomy.
- Some dietary products can be odour producing and gas forming which the patient may have difficulty managing.
- The patients learn themselves over time to adapt with different dietary products.
- Its is important to avoid time release and enteric coated tablets as they are not absorbed completely.
- When the patient consumes gas producing food substance the ‘lag time’ for flatus to pass out of ileostomy is 2 to 4 hours from the onset of eating. For distal colostomy it is 6 to 8 hours.

COLOSTOMY DIET

- Cabbage, garlic, beans and fried food may cause odour
- Corn, Nuts, cabbage and vegetable peeling may cause hardening of stool
- Coffee, Fruits and fruit juices and oily food may cause loose stools
- Mint, Coriander reduces the smell

TRAVEL, WORK AND SPORTS

- Patients with colostomy can travel like any other person.
- They may need to carry extra bags if they need to immediate change.
- Patients can engage in routine works that does not involve heavy lifting and strenuous exercise
- The pouch can be comfortably worn underneath the cloths and are easily concealed.
- It is safe to avoid contact sports that can cause injury to the stoma.

Thank You